

MAEER's MIMER MEDICAL COLLEGE & B.S.T.R. Hospital

P. O. Talegaon General Hospital, Talegaon Dabhade, Pune – 410 507

Phone No. (02114) 308300, 308339

Date: 06.07.2017

FEE STRUCTURE – College Fee

For First Year MBBS Academic Year 2017-18

- University Ashwamegh Shulk & Development Fees : **Rs. 300/- By cash only (for all students).**

Particulars	85% Government Quota					*Institutional Quota (Including NRI)
	Open Category	# OBC Category	# SC Category	# VJNT / ST Category	Out of Maharashtra Students (OMS)	
Tuition Fee	611111.00	305556.00	--	--	611111.00	305555.00
Development Fee	48889.00	48889.00	--	48889.00	48889.00	24444.50
Insurance Fee	2125.00	2125.00	2125.00	2125.00	2125.00	2125.00
Eligibility Fee	7865.00	2420.00	2420.00	2420.00	34485.00	68000.00
Caution Money Deposit for College	100000.00	100000.00	100000.00	100000.00	100000.00	100000.00
Total Fee	769990.00	458990.00	104545.00	153434.00	796610.00	3470125.00

Demand Draft drawn on Nationalized Bank in the name "MAEER's MIMER MEDICAL COLLEGE" Payable at Pune

Reserved category students must fulfill the provision/conditions as prescribed by Government to get the fees benefit.

*Candidate admitted through 15% institutional quota including NRI shall submit bank guarantee of Rs. 50 lacs for period of 3 & ½ year from the date of admission.

- > In case the student take five or more years for completing the course then he/she will have to pay the fee approved in that year
- > Subject to change in **Tuition Fee & Development Fee** as per the directions by **Fees Regulating Authority**.
- > If any candidate leaves the course after cut-off date and/or during the course he/she will have to pay full fee of the entire course i.e. 4 & ½ years, applicable at that time

FEE STRUCTURE – Hostel Fee

Hostel Fees	Hostel Deposit	Total
50000.00	50000.00	100000.00

Demand Draft drawn on Nationalized Bank in the name of "MAEERs Hostel" payable at Pune



Dr. Rajendra Prasad Gupta
Principal

MAEER's MIMER Medical College

Principal

MIMER Medical College
Talegaon Dabhade-410 507.

Students who are selected through DMER, Mumbai for 1st Year MBBS admission (Acad. Year 2017-18) at MAEER's MIMER Medical College, Talegaon Dabhade, must bring following **Original Certificates along with 3 sets of Attested Xerox copies in sequence.**

Sr.No.	Particulars
A) TO BE PRODUCED BY ALL CANDIDATES	
1	Admit card of NEET-UG Exam.2017
2	Copy of Online Application form of DMER
3	SSC Marksheet (10 th)
4	SSC Passing Certificate (10 th)
5	HSC Marksheet (12 th)
6	NEET UG Exam. 2017 Marksheet (Downloaded)
7	Nationality Certificate / Valid Passport / Birth Cert.
8	Domicile Certificate
9	Medical Fitness Certificate (Annexure - I)
10	College Leaving Certificate / T.C
11	Migration Certificate (if applicable)
12	Educational Gap certificate self affidavit (if applicable)
13	Character Certificate from previous college
14	Income Certificate – Form No. 16 / Income Tax Returns / Tahshildar Certificate for the year 2016-17 (Xerox Copy)
B) TO BE PRODUCED BY CANDIDATES BELONGING TO BACKWARD CLASSES	
15	Caste Certificate
16	Caste Validity Certificate
17	Non-creamy Layer Certificate Valid up to 31st March, 2018 (if applicable)
C) OTHER DOCUMENTS	
18	College Allotment Letter (Received from DMER)
19	Aadhaar Card (Xerox Copy)
20	Election Card (Voter ID) (Xerox Copy)
21	PAN card of Parent & student (Xerox Copy)
22	Students Personal Details form (Annexure - II)
23	Passport Size Photograph 04
24	Fees Undertaking (Annexure –III)
25	Bank Guarantee (Annexure – IV) (Applicable for 15% Institutional Quota including NRI Candidates only)

MEDICAL FITNESS

A candidate must be medically fit to undergo the professional course applied for. The medical fitness must be certified by a Registered Medical Practitioner in the prescribed proforma, as given below on a **Letterhead** :

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted clinical examination of Mr./Ms.....
..... who is desirous of admission to Health Science Course for the Academic Year 2017-18.

He/she has not given any personal history of any disease incapacitating him/her to undergo the professional course. Also, on clinical examination it has been found that he/she is medically fit to undergo the MBBS professional course.

Certified that he/she fulfills the following criteria.

- (1) Absence of any incapacitating and /or progressive systemic disease/disorder/condition,
- (2) Absence of any disability of upper limb/s.
- (3) Absence of any major visual/ auditory disability.
- (4) Absence of psychosis/neurosis/mental retardation,
- (5) Ability to maintain erect posture,
- (6) Reasonable manual dexterity.

Though, following deviations have been revealed, in my opinion, these are not impediments to pursue a career as a Medical / Dental / Ayurved / Unani / Occupational Therapy / Physiotherapy / Audiology & Speech, Language Pathology / Prosthetics & Orthotics / BSc Nursing. **(Strike, which is not applicable):**

1.
2.
3.

Address of the Registered Medical Practitioner

Signature.....

Name.....

Registration No.

Date:

Seal of Registered Medical Practitioner

MIMER MEDICAL COLLEGE, TALEGAON DABHADE
1 ST MBBS ADMISSION ACADEMIC YEAR 2016-17: STUDENTS INFORMATION

Note: Student must all the information correctly, as this is required by MUHS, Nashik.

1) Name of the candidate _____
 (As per HSC Marksheet)

Mobile No. _____ E-mail ID - _____

Blood Group _____

2) Father's Full Name _____
 (for insurance claim)

Mobile No. _____ E-mail ID _____

Occupation (Service/Business/Professionals/Retired/Farmer/Laborer) _____

Parent's Annual Income _____

Mother's Full Name : _____ Mobile No. _____

3) Permanent Address : _____
 (alongwith Landline Nos.) _____

4) Address for Correspondence _____

5) Local Guardian Name, Address, Tel. Nos. & Relation with student : _____

Students :

Date of Birth : _____ Place of Birth : _____ Male / Female: _____

HSC Marks (Total): _____ / _____ Percentage : _____ PCB Marks _____ % _____

HSC Marks in

1) Physics: _____ / 100 2) Chemistry : _____ / 100 3) Bio : _____ / 100 4) English : _____ / 100

Total : _____ / 400 Percentage : _____ %

Name of the Board (HSC) : _____

HSC Passing Month : _____ Year _____

Name of the College from where HSC passed _____

City _____ State _____

Category : _____ Admitted Quota : _____

NEET - 2016 Details :

NEET Rank _____ Marks : _____ / 720 Percentile : _____

(Sign. of the parent) & Date

(Sign. of the candidate) & Date

(Rs.100 Stamp Paper duly notarized)

Undertaking

I, _____ Son/Daughter/Wife of
Shri _____ Indian Inhabitant, residing at
_____ do solemnly
affirm and state as under.

1. I Say that I have appeared for the UG-NEET-2017 examination conducted by Central Board of Secondary Education, New Delhi and secure admission through The Competent Authority (DMER, Mumbai) for the academic year 2017-18 in MIMER Medical College, Talegaon Dabhade, Pune (Maharashtra State).
2. I say that solely on the basis of merit I have been provisionally admitted to the MIMER Medical College, Talegaon Dabhade, Pune for MBBS course under 85% State Quota or 15% NRI / Against NRI quota for the academic year 2017-18.
3. I say that at the time of securing my admission I have paid a sum of Rs. _____/- as Tuition/Development fees for First year MBBS Course.
4. I say that in the event of the fees being increased by the appropriate Authority/Court, I hereby undertake to pay the difference amount of the fees within a period of 7 days from being notified. I hereby also undertake that I will not challenge the increase in the amount of the fees for any reason whatsoever.
5. I say that I am aware that the repeater (failure) fees will be charged as per the rules and guidelines of the Concerned Authority.
6. I hereby undertake to submit Bank guarantee at the time of admission in lieu of Education fees for 4 & ½ years (Applicable to NRI/Institutional Quota seats only).

Solemnly affirmed at Talegaon Dabhade, Pune

This _____ day of _____

Identified by me: _____

Signature & Name of Candidate
with Address before Me

NOTARY

Signature & Name of Parents
with Address

**BANK GUARANTEE FOR PAYMENT OF FEE
(For Institutional & NRI Quota)**

BANK GUARANTEE NO. _____

DATE OF ISSUE _____

AMOUNT OF B.G. Rs. _____/-

DATE OF EXPIRY _____

EXTENDABLE BY 4 ½ YEARS _____

[Note:- Bank guarantee of Rs. 50 Lakhs for 4 & ½ years fee of MBBS course] not to be typed on original Bank guarantee.

To
The Principal
MIMER Medical College
Talegaon Dabhade, Tal. Maval,
Dist. Pune-410507

IN CONSIDERATION of your agreement dated with Shri/Miss / _____
_____, S/O, D/O, _____, a MBBS student of
your institution i.e. MIMER Medical College, Talegaon Dabhade, Tal. Maval, Dist. Pune-410507 and undertaking dated
_____ by the students Shri / Miss. / _____ a student, with the
instauration to pay the fees for a period of remaining 3 & ½ years for his /her MBBS course.

We the _____ Bank having its Head Office at
_____, (hereinafter referred to as a Bank), at the request of
Shri/Miss/. _____ S/O, D/O,
_____ a MBBS student at your Intitute do hereby
Guarantee to pay the payment of **Rs. 50 Lakhs** (Rupees Fifty Lakhs only) in lieu of agreement and an
undertaking executed by the student with the institution, to pay the institution i.e. MIMER Medical College,
Talegaon Dabhade, Tal. Maval, Dist. Pune-410507.

MIMER Medical College, Talegaon Dabhade, Tal. Maval, Dist. Pune-410507 shall have an absolute right to invoke the Bank Guarantee for an amount of Rs. 50 Lakhs (Rupees Fifty Lakhs Only) in case of failure of the student to pay the course fees.

Our Bank's Liability under this Guarantee shall be restricted to a sum of Rs. 50 Lakhs and that the guarantee herein contained shall not affect by any change in the constitution of the Bank.

We the _____ bank, branch office at _____ further agree that the Guarantee herein contained shall remain in force for 5 years from the date of issuance.

We the Bank also agree that the guarantee period herein contained may be extended from time to time, on the written request of the institution i.e. MIMER Medical College, Talegaon Dabhade, Tal. Maval, Dist. Pune-410507 prior to one month from the date of its expiry.

We the Bank further agree that the Guarantee under this present shall not be revoked / cancelled until the written intimation/request from you is received by us till the date of its expiry.

We the _____ Bank lastly agree and undertake as below:-

1. Our liability under this Bank Guarantee shall not exceed Rs. 50 Lakhs (Rupees Fifty Lakhs Only)
2. The Bank Guarantee shall be valid upto _____ (Date) and unless extended as above.
3. We are liable to pay the guaranteed amount or part thereof under this Bank Guarantee only if you serve upon us a written claim or demand on or before the expiry of this Bank Guarantee i.e. _____ (Date).

Yours faithfully,

Station _____ For _____ Bank

Date _____

Seal of the Bank Authorised Signatory

Name _____

Designation _____